

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 10536632	Filing Date			
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1					51				
2	1					52				
3	1					53				
4	1					54				
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47						97				
48						98				
49						99				
50						100				
Total Indep	1					Total Indep				
Total Depend	95					Total Depend				
Total Claims	96					Total Claims				

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